

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Maryland USA

ADDRESS (number and street)

PO Box 75650

Check if different
than previously
reported. (ACC)

Washington

DC

20013

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00581777

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Riter, Joel, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Riter, Joel, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Maryland USA

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">28825.93</td></tr></table>	28825.93				
Y	Y	Y	Y	Y													
2016																	
28825.93																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">427469.21</td></tr></table>	427469.21															
427469.21																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">1402584.00</td></tr></table>	1402584.00					<table><tr><td colspan="5">3503584.00</td></tr></table>	3503584.00									
1402584.00																	
3503584.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">1830053.21</td></tr></table>	1830053.21					<table><tr><td colspan="5">3532409.93</td></tr></table>	3532409.93									
1830053.21																	
3532409.93																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">1097712.65</td></tr></table>	1097712.65					<table><tr><td colspan="5">2800069.37</td></tr></table>	2800069.37									
1097712.65																	
2800069.37																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">732340.56</td></tr></table>	732340.56					<table><tr><td colspan="5">732340.56</td></tr></table>	732340.56									
732340.56																	
732340.56																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Maryland USA

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07		01		2016

To:

M M	/	D D	/	Y Y Y Y
09		30		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1401000.00

3502000.00

(ii) Unitemized

1584.00

1584.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1402584.00

3503584.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1402584.00

3503584.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

1402584.00

3503584.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1402584.00

3503584.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	139712.65	385550.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	139712.65	385550.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	958000.00	2414518.89
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1097712.65	2800069.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1097712.65	2800069.37

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1402584.00	3503584.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1402584.00	3503584.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	139712.65	385550.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	139712.65	385550.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maryland USA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Epstein, Mark, , ,

Mailing Address 9209 Fox Meadow Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Qualcomm, Inc.

Occupation (for Individual)

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2016

Transaction ID : SA11AI.4371

Amount of Each Receipt this Period

300000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Epstein, Mark, , ,

Mailing Address 9209 Fox Meadow Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Qualcomm, Inc.

Occupation (for Individual)

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11AI.4412

Amount of Each Receipt this Period

200000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Epstein, Mark, , ,

Mailing Address 9209 Fox Meadow Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Qualcomm, Inc.

Occupation (for Individual)

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2900000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11AI.4425

Amount of Each Receipt this Period

300000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

800000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maryland USA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Epstein, Mark, , ,

Mailing Address 9209 Fox Meadow Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Qualcomm, Inc.

Occupation (for Individual)

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11AI.4344

Amount of Each Receipt this Period

300000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Epstein, Mark, , ,

Mailing Address 9209 Fox Meadow Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Qualcomm, Inc.

Occupation (for Individual)

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2016

Transaction ID : SA11AI.4359

Amount of Each Receipt this Period

300000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mellott, Herman, B., ,

Mailing Address 100 Mellott Drive

City

Warfordsburg

State

PA

Zip Code

17267

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mellott Co.

Occupation (for Individual)

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

601000.00

TOTAL This Period (last page this line number only).....▶

1401000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maryland USA

Full Name (Last, First, Middle Initial)

A. C5 Creative Consulting, Inc.

Mailing Address P.O. Box 11987

City
AtlantaState
GAZip Code
30355Purpose of Disbursement
Campaign Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4317

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. C5 Creative Consulting, Inc.

Mailing Address P.O. Box 11987

City
AtlantaState
GAZip Code
30355Purpose of Disbursement
Campaign Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4455

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. C5 Creative Consulting, Inc.

Mailing Address P.O. Box 11987

City
AtlantaState
GAZip Code
30355Purpose of Disbursement
Campaign Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4454

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maryland USA

Full Name (Last, First, Middle Initial)

A. Cap Square Solutions

Mailing Address 6712 Ridpath Road

City
Grove CityState
OHZip Code
43123Purpose of Disbursement
General Campaign Consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		04		2016

FEC Identification Number

C

Transaction ID : SB21B.4320

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		04		2016

FEC Identification Number

C

Transaction ID : SB21B.4318

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		04		2016

FEC Identification Number

C

Transaction ID : SB21B.4319

Amount of Each Disbursement this Period

20.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20040.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maryland USA

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4457

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4447

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4448

Amount of Each Disbursement this Period

20.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maryland USA

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

C Transaction ID : SB21B.4449

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2016

FEC Identification Number

C Transaction ID : SB21B.4450

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Crim, Steven, D., ,

Mailing Address 1428 Jarrod Pl

City
CroftonState
MDZip Code
21114Purpose of Disbursement
General Campaign Consulting

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C Transaction ID : SB21B.4452

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15040.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maryland USA

Full Name (Last, First, Middle Initial)

A. i360, LLC

Mailing Address PO Box 37046

City
BaltimoreState
MDZip Code
21297Purpose of Disbursement
Database services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4323

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. i360, LLC

Mailing Address PO Box 37046

City
BaltimoreState
MDZip Code
21297Purpose of Disbursement
Database services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4443

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. i360, LLC

Mailing Address PO Box 37046

City
BaltimoreState
MDZip Code
21297Purpose of Disbursement
Database services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4460

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maryland USA

Full Name (Last, First, Middle Initial)

A. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City
West ChesterState
OHZip Code
45069Purpose of Disbursement
Legal fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

FEC Identification Number

C

Transaction ID : SB21B.4321

Amount of Each Disbursement this Period

1183.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City
West ChesterState
OHZip Code
45069Purpose of Disbursement
Legal fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : SB21B.4458

Amount of Each Disbursement this Period

1832.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pound, Feinstein & AssociatesMailing Address 5614 Connecticut Ave., NW
Suite 270City
WashingtonState
DCZip Code
20015Purpose of Disbursement
Media production

004

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : SB21B.4462

Amount of Each Disbursement this Period

2375.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

5390.65

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maryland USA

Full Name (Last, First, Middle Initial)

A. Pound, Feinstein & AssociatesMailing Address 5614 Connecticut Ave., NW
Suite 270City
WashingtonState
DCZip Code
20015Purpose of Disbursement
Media production

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4463

Amount of Each Disbursement this Period

5585.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Red Maverick MediaMailing Address 403 N. Second St.
Fl. 2City
HarrisburgState
PAZip Code
17101Purpose of Disbursement
Design Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4316

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Red Maverick MediaMailing Address 403 N. Second St.
Fl. 2City
HarrisburgState
PAZip Code
17101Purpose of Disbursement
Design Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4322

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

20585.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maryland USA

Full Name (Last, First, Middle Initial)

A. Red Maverick MediaMailing Address 403 N. Second St.
Fl. 2City
HarrisburgState
PAZip Code
17101Purpose of Disbursement
Fundraising mailer production

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	1					2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.4444

Amount of Each Disbursement this Period

8097.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Red Maverick MediaMailing Address 403 N. Second St.
Fl. 2City
HarrisburgState
PAZip Code
17101Purpose of Disbursement
Design Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	9				1	9					2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.4468

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wilson Perkins Allen Opinion Research

Mailing Address 1319 Classen Drive

City
Oklahoma CityState
OKZip Code
73103Purpose of Disbursement
Polling expense

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	7				0	4					2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.4324

Amount of Each Disbursement this Period

34500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

47597.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maryland USA

Full Name (Last, First, Middle Initial)

A. Wilson Perkins Allen Opinion Research

Mailing Address 1319 Classen Drive

City
Oklahoma CityState
OKZip Code
73103Purpose of Disbursement
Polling expense

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : SB21B.4465

Amount of Each Disbursement this Period

11000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11000.00

TOTAL This Period (last page this line number only).....▶

139712.65

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Maryland USA				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00581777 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item 406 Enterprises LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 09262016 </div>		
Mailing Address PO Box 75727			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">24500.00</div>		
City Washington	State DC	Zip Code 20013	Transaction ID : SE.4436 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 09262016 </div>		
Purpose of Expenditure Digital advertising: placement cost (also opposes John Delaney)		Category/ Type 004			
Name of Federal Candidate: HOEBER, AMIE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">873372.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item 406 Enterprises LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 09262016 </div>		
Mailing Address PO Box 75727			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>		
City Washington	State DC	Zip Code 20013	Transaction ID : SE.4437 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 09262016 </div>		
Purpose of Expenditure Digital advertising: production cost (also opposes John Delaney)		Category/ Type 004			
Name of Federal Candidate: HOEBER, AMIE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">874372.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">25500.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Riter, Joel, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10132016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Maryland USA	FEC IDENTIFICATION NUMBER ▼ C C00581777
--	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Pound, Feinstein & Associates			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2016	
Mailing Address 5614 Connecticut Ave., NW Suite 270			Amount 5940.00		
City Washington	State DC	Zip Code 20015	Transaction ID : SE.4433		
Purpose of Expenditure TV advertising; production cost (also opposes John Delaney)		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2016		
Name of Federal Candidate: HOEBER, AMIE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 06 State: MD
Calendar Year-To-Date Per Election for Office Sought			803979.00		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Red Maverick Media			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2016	
Mailing Address 403 N. Second St. Fl. 2			Amount 48039.00		
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SE.4434		
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2016		
Name of Federal Candidate: HOEBER, AMIE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 06 State: MD
Calendar Year-To-Date Per Election for Office Sought			798039.00		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	53979.00
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Riter, Joel, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 13 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Maryland USA				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00581777 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Red Maverick Media			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">26</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 403 N. Second St. FL. 2			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23528.00</div>		
City Harrisburg State PA Zip Code 17101					
Purpose of Expenditure Direct mail (also opposes John Delaney)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.4438 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Name of Federal Candidate: HOEBER, AMIE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">827507.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Red Maverick Media			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 403 N. Second St. FL. 2			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">21365.00</div>		
City Harrisburg State PA Zip Code 17101					
Purpose of Expenditure Direct mail (also opposes John Delaney)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.4439 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Name of Federal Candidate: HOEBER, AMIE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">848872.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">44893.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Riter, Joel, , ,

Signature

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

10

13

2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Maryland USA				FEC IDENTIFICATION NUMBER ▼ C C00581777							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y							
Full Name of Payee Red Maverick Media			<input type="checkbox"/> Memo Item								
Mailing Address 403 N. Second St. Fl. 2			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2016								
City Harrisburg		State PA		Zip Code 17101							
Purpose of Expenditure Direct mail			Category/Type 004								
Amount 41814.00			Transaction ID : SE.4440								
Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2016											
Name of Federal Candidate: HOEBER, AMIE, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
				Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD							
Calendar Year-To-Date Per Election for Office Sought			916186.00								
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶								
Full Name of Payee Red Maverick Media			<input type="checkbox"/> Memo Item								
Mailing Address 403 N. Second St. Fl. 2			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2016								
City Harrisburg		State PA		Zip Code 17101							
Purpose of Expenditure Direct Mail			Category/Type 004								
Amount 41814.00			Transaction ID : SE.4441								
Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2016											
Name of Federal Candidate: HOEBER, AMIE, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
				Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD							
Calendar Year-To-Date Per Election for Office Sought			958000.00								
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶								
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">83628.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	83628.00	(a) SUBTOTAL of Unitemized Independent Expenditures		(a) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	83628.00										
(a) SUBTOTAL of Unitemized Independent Expenditures											
(a) TOTAL Independent Expenditures											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Riter, Joel, , , Signature				Date M M / D D / Y Y Y Y Y Y 10 / 13 / 2016							

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Maryland USA			FEC IDENTIFICATION NUMBER ▼ C C00581777	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Target Enterprises, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2016	
Mailing Address 15260 Ventura Blvd., Ste. 1240			Amount 750000.00	
City Sherman Oaks	State CA	Zip Code 91403	Transaction ID : SE.4435	
Purpose of Expenditure TV advertising; placement cost (also opposes John Delaney)		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2016	
Name of Federal Candidate: HOEBER, AMIE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought		750000.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address			Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure		Category/Type 		
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			750000.00	
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures			958000.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Riter, Joel, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 13 / 2016